



# 2009/10 JR. JAZZ BASKETBALL

## SANDY PARKS & RECREATION REGISTRATION FORM

440 E. 8680 S. - SANDY, UTAH 84070

P: (801) 568-2900 F: (801) 561-6733

www.sandy.utah.gov/parks

### Office Use Only

Receipt # \_\_\_\_\_

Amt. Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Received By \_\_\_\_\_

Late Fee \_\_\_\_\_ Family Discount \_\_\_\_\_

Please be accurate and complete filling out this form. Failure to do so may cause serious inconvenience or injury.

Player's Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
(First Name) (Last Name) (Middle Initial) (circle one)

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parents' Email: \_\_\_\_\_ Player's Basketball Experience: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Medical Restrictions: \_\_\_\_\_

School Attending: \_\_\_\_\_ Neighborhood Elementary School: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
(Day) \_\_\_\_\_ (Day) \_\_\_\_\_  
(Evening) \_\_\_\_\_ (Evening) \_\_\_\_\_  
(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

PLEASE CHECK  
PREFERRED PHONE  
NUMBER

Additional person to contact in case of emergency: \_\_\_\_\_

Relationship to player: \_\_\_\_\_ Emergency contact phone #s: (H): \_\_\_\_\_ (C): \_\_\_\_\_

### Payment Information (Make checks payable to Sandy City):

Late fee is \$5.00 after deadline. \$3.00 family discount for additional children in same sport.

Locations may be changed or combined based on enrollments.

Standard shirt sizing will be ordered for each grade division.

### NO REFUNDS AFTER THE 2<sup>ND</sup> SCHEDULED ACTIVITY

\$15.00 OF FEE IS NON-REFUNDABLE!

**COST:** Sept 8-Sept 30 Oct 1-Oct 7

#### Grades:

1st - 4th \$57.00 \$62.00

5th - 8th \$62.00 \$67.00

Sept 8-Nov 11 Nov 12-18

9th - 12th \$68.00 \$73.00

#### COED GRADES 1-2

\_\_\_\_\_ Tuesday, Crescent View  
\_\_\_\_\_ Wednesday, Sandy Recreation  
\_\_\_\_\_ Thursday, Sandy Recreation  
\_\_\_\_\_ Friday, Sandy Recreation  
\_\_\_\_\_ Saturday, Crescent View

#### BOYS GRADES 3-4

\_\_\_\_\_ Monday, Indian Hills  
\_\_\_\_\_ Tuesday, Sandy Recreation  
\_\_\_\_\_ Wednesday, Crescent View  
\_\_\_\_\_ Saturday, Crescent View  
\_\_\_\_\_ Saturday, Sandy Recreation

#### BOYS GRADES 9-10

\_\_\_\_\_ Monday, Crescent View  
\_\_\_\_\_ Thursday, Crescent View  
\_\_\_\_\_ Saturday, Crescent View

#### GIRLS GRADES 3-4

\_\_\_\_\_ Saturday, Sandy Recreation

#### BOYS GRADES 5-6

\_\_\_\_\_ Monday, Indian Hills  
\_\_\_\_\_ Monday, Sandy Recreation  
\_\_\_\_\_ Tuesday, Union  
\_\_\_\_\_ Wednesday, Crescent View  
\_\_\_\_\_ Saturday, Albion

#### BOYS GRADES 11-12

\_\_\_\_\_ Monday, Albion/Crescent View  
\_\_\_\_\_ Tuesday, Albion/Crescent View  
\_\_\_\_\_ Wednesday, Albion/Union

#### GIRLS GRADES 5-6

\_\_\_\_\_ Saturday, Albion

#### GIRLS GRADES 7-8

\_\_\_\_\_ Saturday, Albion

#### BOYS GRADES 7-8

\_\_\_\_\_ Wednesday, Mount Jordan  
\_\_\_\_\_ Thursday, Albion  
\_\_\_\_\_ Saturday, Crescent View

#### GIRLS GRADES 9-12

\_\_\_\_\_ Wednesday, Mt. Jordan/Eastmont

Players wishing to play together must register together, otherwise requests will be considered but NOT guaranteed. Player would like to be on the same team as:

As the parent or guardian of the above player, I consent that he/she may participate in the above marked Sandy City Program in 2009/2010 and I state that the information contained herein is true and complete. I agree that Sandy City may restrict or prevent participation by a coach, spectator or player at any time.

- 1) **GOALS.** I understand that the goals and objectives of the Sandy City Jr. Jazz Basketball Program are based upon fun, fair play, skill development, good sportsmanship and teamwork and hereby support these goals.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) I, as a parent or guardian, am willing to participate as a volunteer in support of this program (please check):

☐

Head Coach

☐

Assistant Coach

☐

Team Parent

Volunteer's Name

Coach's Email Address (if volunteering)

(Coach of preformed teams of 6-10 players must complete approval form prior to registration to be placed in proper division)

~ Please read, fill out & sign the consent form on the reverse side ~

**SANDY CITY 2009/10 JR JAZZ BASKETBALL PROGRAM**  
**INFORMED CONSENT AND AUTHORIZATION**

The undersigned, as the parent or guardian of \_\_\_\_\_, agrees to allow my child to participate in the program/activity described below:

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**Program/Activity Description**

The Sandy City Jr. Jazz Basketball Program runs approximately November 14, 2009 - March 31, 2010 and utilizes Sandy City facilities and Canyons School District facilities. Games are played on Saturdays and week nights. Participation in the Jr. Jazz Basketball program carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks may include: (1) minor injuries such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices, games, Jazz game and player appearance are the responsibility of the parent or guardian.

I recognize the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

\_\_\_\_ Please initial here

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**Emergency Medical Care Authorization**

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Child's Participation: \_\_\_\_\_

\_\_\_\_ Please initial here

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**Media Release**

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

\_\_\_\_ Please initial here

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I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

Name of Parent/Legal Guardian: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

~ Please fill out & sign the registration form on the reverse side ~